

CONDITIONS OF AWARD

SENIOR PEER SUPPORTS

BALTIMORE COUNTY LOCAL BEHAVIORAL HEALTH AUTHORITY

The general Conditions and Award terms provided herein are applicable to all Behavioral Health Administration (BHA) awards for **SFY2022**.

These **Conditions of Award (CoA's)** set out the standard conditions and terms for all BHA awards and will be applied to the Programs/Services/Initiatives outlined in the Award Letter and related, approved Budget(s) for each jurisdiction/organization.

In addition to the CoA, each grant award document contains “program/service specific” details regarding the goals/objectives, method of delivery of such programs/services, expected outcomes/outputs (deliverables), and timeframes for performance. This is referred to as a **Statement of Work (SOW)** and may be incorporated by reference or accompany the CoA. These programmatic details are designed to ensure that Award Recipients comply with any regulatory, statutory, or local requirements. Additionally, project specific terms and conditions may be amended and/or added to an Award at any time during the award period, to address budgetary or program compliance issues as needed.

The Award Recipient must ensure that it, along with other agencies, consultants and vendors supported by the Award, are made aware of their responsibilities and comply with these Conditions of Award as applicable. Failure to comply with the terms and conditions may lead to possible delays in funding, suspension, reduction and or termination of an Award. Further, BHA reserves the right to recover partial or full award amounts as deemed necessary and with supporting justification.

BHA reserves the right to revise the Conditions of Award at any time, by providing thirty (30) days written notice to the Award Recipient.

DEFINITIONS

(Use this Section to include definitions for any Program/Service Terms that are specific to the program office that will monitor the Award. Items a. – g. are standard Terms that must remain in the COA.)

a. Allocation Letter - A letter notifying a jurisdiction or Behavioral Health Authority of projected allocation amounts to be anticipated for the upcoming state fiscal year.

b. Award Letter - the letter from BHA to the principal Award Recipient specifying the value and tenure of the grant that has been awarded.

c. Award Recipient(s) - An entity or jurisdiction to which an award has been made by BHA and has assumed responsibility for the overall administration and management of the awarded funds.

d. Award Period - the period of the Award as set forth in the Award Letter.

e. BHA – Behavioral Health Administration

f. Report – A written record submitted to BHA, in the form and manner prescribed, on which the Award Recipient reports on the activities undertaken during a specified timeframe (i.e., monthly, quarterly etc.).

g. Senior Peer Supports- In person or virtual supports older adults experiencing or at high risk for mental illness, social isolation, and loneliness.

h. Statement of Work (SOW) - A SOW is a formal document that provides direction and details to the vendor or contractor about how the work should be performed, under what conditions, timeframes for accomplishment, frequency, and outcomes/outputs. *(Unless otherwise noted, BHA-required SOW's shall generally be Performance-Based in nature.)*

TERMS

(This Section should include the specific Terms that apply to the Program/Service including Eligible and Ineligible Activities, compliance requirements for federally funded programs as applicable, state-legislated mandates/prohibitions as applicable, reporting requirements and any special Invoicing procedures as applicable. This Section may also reference the above items and include them as Attachments to this COA.)

The LBHA/LAA/CSA shall provide or contract for the following during the Award Period of July 1, 2021 – June 30, 2022 :

1. The funds are to be used to provide senior peer support project supports older adults experiencing or at high risk for mental illness, an anti-isolation program for Baltimore County seniors, and outreach and education activities that promote awareness of older adult behavioral health conditions and peer interventions. County.
2. Quarterly reports are due to the 30th day of the month following the end of the quarter to the Office of Older Adults and Long Term Services.
3. Any changes to the COA-SOW requires pre-approval before changes are made to the COA-SOW. Changes should be made in writing to the Older Adults and Long Term Services and Supports and Division of Planning.

STATEMENT OF WORK

NAME OF AWARD RECIPIENT:	Baltimore County Local Behavioral Health Authority
BHA AWARD #	MH2220TH
PERIOD : (State Fiscal Year)	FY22

SECTION I.

1.	Title	Senior Peer Supports
2.	Objectives	A senior peer support project supports older adults experiencing or at high risk for mental illness, an anti-isolation program for Baltimore County seniors, and outreach and education activities that promote awareness of older adult behavioral health conditions and peer interventions.
3.	Award Value	\$85,000
4.	Name of Contractor/ Provider Organization	Mental Health Association of Maryland
5.	List of ALL positions funded in part or wholly by this Award	Funds are not used to support a position

6.	Location of Work / Work Site of Service Delivery	In individual's homes, community locations, or virtual supports
7.	Performance Requirements	<p>Implement senior peer support program for Baltimore County residents:</p> <ul style="list-style-type: none"> Facilitate 5 volunteer matches to people enrolled in supportive visitation. Complete 15 supportive home or digital visits. Become a registered Peer Supervisors Vendor. Provide supervision hours to CPRS candidates participating in older adult peer support. Conduct project marketing and outreach directed at Baltimore County residents. Track number of referrals and referral sources. <p>Provide anti-isolation programming through the Connections Project:</p> <ul style="list-style-type: none"> Facilitate 30 volunteer matches to people enrolled in supportive visitation. Complete 800 supportive home or digital visits. Track number of referrals and referral sources. <p>Conduct community Outreach, Education, and technical assistance</p> <ul style="list-style-type: none"> Conduct 35 community/Workforce Education groups (virtual and in-person) to 600 attendees. Develop, produce and/or distribute 3 informational/promotional materials regarding peer support specific to older adults. Deliver 4 Behavioral Health & Aging trainings for Peer Support Specialists to educate peer support workforce on aging issues. Provide technical assistance to other entities developing senior peer support or senior anti isolation programs. Explore option to become trainer for Older Adult Digital Peer Support. Conduct marketing & outreach directed at Baltimore County residents and workforce. Track number and source of training and technical assistance requests.
8.	Reporting Requirements	<p>Submit quarterly reports to the Office of Older Adults and Long Term Services and Supports and Division of Planning. Reports are due as follows:</p> <p>Jul 1 – Sept 30 due: Oct 30</p> <p>Oct 1 – Dec 31 due: Jan 30</p> <p>Jan 1 – Mar 31 due: Apr 30</p> <p>Apr 1 – Jun 30 due: Jul 30</p>
9.	Modification Requirements	<p>Requests must be submitted in writing by the LBHA to the BHA Program Monitor for the service. Request for modification will be reviewed by the BHA Program Monitor and will be considered in a timely manner. If approved, the BHA Program Monitor will work with the LBHA and BHA Finance to make the necessary changes and provide the LBHA with an updated Statement of Work to guide service delivery.</p>
10.	Special Requirements	None

SECTION II. - Work Breakdown Structure (WBS)

Task/Activities	Deliverables/Milestones /Unit Measure	Tentative Dates/Timeframes for Delivery
Implement senior peer support program for Baltimore County residents.	<ul style="list-style-type: none"> Facilitate 5 volunteer matches to people enrolled in supportive visitation. Complete 15 supportive home or digital visits. Become a registered Peer Supervisors Vendor. Provide supervision hours to CPRS candidates participating in older adult peer support. Conduct project marketing and outreach directed at Baltimore County residents. Track number of referrals and referral sources. 	Quarterly Reports Jul 1 – Sept 30 due: Oct 30 Oct 1 – Dec 31 due: Jan 30 Jan 1 – Mar 31 due: Apr 30 Apr 1 – Jun 30 due: Jul 30
Provide anti-isolation programming through the Connections Project.	<ul style="list-style-type: none"> Facilitate 30 volunteer matches to people enrolled in supportive visitation. Complete 800 supportive home or digital visits. Track number of referrals and referral sources. 	Quarterly Reports Jul 1 – Sept 30 due: Oct 30 Oct 1 – Dec 31 due: Jan 30 Jan 1 – Mar 31 due: Apr 30 Apr 1 – Jun 30 due: Jul 30
Conduct community Outreach, Education, and technical assistance	<ul style="list-style-type: none"> Conduct 35 community/Workforce Education groups (virtual and in-person) to 600 attendees. Develop, produce and/or distribute 3 informational/promotional materials regarding peer 	Quarterly Reports Jul 1 – Sept 30 due: Oct 30 Oct 1 – Dec 31 due: Jan 30 Jan 1 – Mar 31 due: Apr 30 Apr 1 – Jun 30 due: Jul 30

	<p>support specific to older adults.</p> <ul style="list-style-type: none"> • Deliver 4 Behavioral Health & Aging trainings for Peer Support Specialists to educate peer support workforce on aging issues. • Provide technical assistance to other entities developing senior peer support or senior anti isolation programs. • Explore option to become trainer for Older Adult Digital Peer Support. • Conduct marketing & outreach directed at Baltimore County residents and workforce. • Track number and source of training and technical assistance requests. 	
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The Baltimore County Local Behavioral Health Authority has read and understands the requirements of this Statement of Work (SOW) for the Senior Peer Supports Program covering the Award Period of July 1, 2021- June 30, 2022. Further, the Award Recipient agrees to provide/deliver the stated services as described above, not to exceed the amount listed in Section I., in the manner and timeframe reflected herein.

AWARD RECIPIENT:

Signature of LBHA/LAA/CSA Program Staff:

Printed Name of LBHA/LAA/CSA's Program Staff:

Effective Date:_____

BHA PROGRAM STAFF APPROVAL:

Signature of BHA Staff Member:

Printed Name of BHA Staff Member:

Effective Date:_____